

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	VAPOR HYDRATION OF A HYDROPHILIC CATHETER IN A PACKAGE
Attorney Docket Number::	30056/39183A
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	9
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michael
Family Name::	Murray
City of Residence::	Ballina, Co Mayo
Country of Residence::	Ireland
Street of mailing address::	Clarkes Road
City of mailing address::	Ballina, Co Mayo
Country of mailing address::	Ireland
Applicant Authority Type::	Inventor

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JC17 Rec'd PCT/PTO 21 JUN 2005

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Thomas
Middle Name:: H.
Family Name:: Gilman
City of Residence:: Spring Grove
State or Province of Residence:: IL
Country of Residence:: US
Street of mailing address:: 7209 Ridge Court
City of mailing address:: Spring Grove
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60081

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Ireland
Status:: Full Capacity
Given Name:: Sean
Family Name:: Sweeney
City of Residence:: Ballina, Co Mayo
Country of Residence:: Ireland
Street of mailing address:: Bohernasup
City of mailing address:: Ballina, Co Mayo
Country of mailing address:: Ireland

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Ireland
Status:: Full Capacity
Given Name:: Martin
Middle Name:: P.
Family Name:: Creaven
City of Residence:: Ballina, Co Mayo
Country of Residence:: Ireland

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Street of mailing address:: 45 The Glebe
City of mailing address:: Ballina, Co Mayo
Country of mailing address:: Ireland

Correspondence Information

Correspondence Customer Number:: 04743

Representative Information

Representative Customer Number:: 04743

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/25417	08/06/04
PCT/US04/25417	An application claiming the benefit under 35 USC 119(e)	60/493,493	08/08/03

Assignee Information

Assignee name:: HOLLISTER INCORPORATED
Street of mailing address:: 2000 Hollister Drive
City of mailing address:: Libertyville
State or Province of mailing address:: IL
Postal or Zip Code of mailing address:: 60048